

## **CHAPTER 6**

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## CHAPTER 6 MEDICAL READINESS/DEPLOYMENT HEALTH

### Section A. Overview.

1. Purpose.

This chapter prescribes procedures for, and directs implementation of, Individual Medical Readiness (IMR), Deployment Health Surveillance (DHS), and Medical/Dental Readiness Requirements for all Coast Guard expeditionary, disaster response and routine mission deployments. It is the goal of this program that all active duty and reserve Coast Guard personnel meet medical readiness requirements in order to deploy in support of Coast Guard mission. This chapter also provides guidance to monitor, assess, and prevent Disease and Non-Battle Injury (DNBI) and to control and document occupational and environmental exposures during deployment.

2. Responsibilities.

Medical Readiness and Deployment Health are commanders programs, and commanding officers/officers-in-charge are responsible for full compliance. This program's requirements are mandated by the National Defense Authorization Act of 2005 (NDAA 05), Public Law 108-375. It is the personal responsibility of each member of the Coast Guard active duty and reserve community to maintain their medical readiness levels at all times.

3. Individual Medical Readiness.

Individual Medical Readiness (IMR) is the extent to which an individual active duty or reserve member is free from health related conditions that could limit their ability to fully participate in Coast Guard operations (i.e. Fit For Full Duty-FFFD). All active duty and reserve Coast Guard personnel are required to be medically ready for deployment.

4. Standard Definitions and Scoring.

Public Law 108-375 has established the following standard definitions for the six Individual Medical Readiness elements for all Armed Forces:

- a. Periodic Health Assessment. Each active duty and reserve member must have an annual periodic health assessment to closely monitor their health between physical examinations and to allow for necessary interventions in a timely and effective manner (program TBD).
- b. Dental. Service members must be rated as either Class 1 or Class 2 or failed if they are deemed Class 3 or Class 4. Class 1 means not requiring dental treatment or revaluation within 12 months. Class 2 means a service member has an oral condition that, if not treated or followed up, has the potential to, but is not expected to, result in emergencies within 12 months. Class 3 signifies that a service member has an oral condition that if not treated is expected to result in a dental emergency within 12 months. Class 4 means a service member needs a dental examination.
- c. Immunizations. Service members must be current per below policies for all total force required immunizations as well as those required for an individual's specific unit. See the Coast Guard's current immunization

policy, [Immunization and Prophylaxis, COMDTINST M6230.4 \(series\)](#) and Chapter 7 of this Manual.

- d Medical Equipment. Service members who need glasses are required to have at least two pairs of corrective lenses with them during any deployment. Additionally, members needing corrective eyewear who are engaged in an expeditionary deployment must deploy with at least one pair of protective mask eyeglass inserts.
- e Medical Readiness Labs. Service members are required to have a DNA specimen on file, baseline Tuberculin Skin Test (TST), sickle cell test and G-6-PD screen on file and an HIV test within 24 months.
- f No Deployment Limiting Conditions. Service members must be healthy enough to deploy as directed by specific standards in Chapter 3 of this Manual.

5. Medically Ready.

To be fully medically ready, also known as “green”, an individual must meet all six of the criteria. Medical Readiness does not mean deployability.

Deployability also includes other factors determined by the Commanding Officer such as core competencies in job skills, but all medically ready individuals are deployable from a medical standpoint and that is the goal with Medical Readiness. It is the Commanding Officers decision whether to deploy members that do not meet CG Medical Readiness criteria.

6. Deployment Definitions.

- a Expeditionary/Disaster Response Deployment. For the purpose of this chapter, expeditionary deployment, will mean the following:
  - (1) Coast Guard personnel deployed 15 days or more outside the United States, its territories or possessions, in support of joint operations with DoD or otherwise engaged in National Defense operations, as designated by Commandant (CG-11).
  - (2) Deployment to or otherwise engaged in certain domestic disaster relief operations as designated by Commandant (CG-11) (e.g. Hurricane Katrina response).
  - (3) All reservists called to active duty for 30 consecutive days or more regardless of duty station.
- b Routine Deployment. Routine deployment will mean Coast Guard patrols and deployments outside the United States, its territories or possessions, in support of strictly Coast Guard missions.

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### Section B. Expeditionary/Disaster Response Deployment.

#### 1. Pre-Deployment.

- a Pre-deployment Review. All deploying personnel must complete a DD 2795 within 30 days prior to deployment. Once completed, this form must be reviewed by a health care provider. For this purpose, the healthcare provider can be a medical officer or Health Services Technician (HS). However, any positive responses to questions must be reviewed by a medical officer or Independent Duty HS (IDHS).
  - (1) Pre-deployment health assessment form DD 2795 will be completed by the deploying member. The DD 2795 is available on the Commandant (CG-1121) website (<http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm>) or the electronic deployment health library: <http://www.pdhealth.mil/main.asp>.) A full physical exam will be done if the member does not have a current qualified PE.
  - (2) Complete a current overseas physical / screening to include psychological and physical exam only if a PCS move.
  - (3) Member must be in a Class 1 or 2 dental category prior to deployment.
  - (4) Health records must be verified for blood type, DNA sample sent to the DNA repository, TST (if applicable), HIV test within 2 years. A negative pregnancy test for women of child bearing age should be determined prior to deployment.
  - (5) Review the Health Record for all current meds and any allergies. Deploying member should possess 90 day supply of all prescription medications at the time of deployment.
  - (6) Personnel requiring eyewear must possess two pairs of eyeglasses as well as a set of protective mask eyeglass inserts. Contact lenses are time consuming to take care of and have been identified during CENTCOM deployments as an operational safety issue as well. Personnel deploying must contend with field conditions that may not allow for proper contact lens hygiene, and poor hygiene leads to an increase in eye abrasions, infections and ulcers. This should be taken into account by personnel desiring to deploy with contact lenses in addition to their spectacles.
  - (7) The following immunizations must be current or completed: Hepatitis A, Hepatitis B, annual Influenza and Tetanus-Diphtheria. Additional immunizations are required based on mission location and threat assessment: e.g. Smallpox, Meningococcal, Typhoid, Yellow Fever, and Anthrax. It is possible that other immunizations may be required based on health threat analysis. The HIV test will serve as pre-deployment serum sample and must be processed through the VIROMED contract.

- (8) Each member's health record will be reviewed for accuracy and all medical test, immunization and PE required data will be entered into or verified in MRS.
  - b Deployment Medical Record. The completed DD 2766 will serve as the deploying medical record. The original DD 2795 (Pre-Deployment Health Assessment) will be placed in the member's permanent medical record, and a copy will be included in the deploying medical record. A copy of the DD 2795 will be forwarded to the Army Medical Surveillance Activity (AMSA) at this address: Army Medical Surveillance Activity (AMSA), Building T-20, Room 213, Attn: Deployment Surveillance, 6900 Georgia Avenue, NW, Washington, DC 20307-5001. If needed, AMSA telephone number is: 202-782-0471, AMSA Website is: <http://amsa.army.mil>.
  - c Immunizations and Health Threat Countermeasures. MLC (k)s or Commandant (CG-1121) will provide a list of any additional required immunizations or chemoprophylaxis for each deployment based on a Health Threat Assessment. The recommendations, to include all medically-related personal protective measures, will be communicated to all deploying personnel during the pre-deployment medical threat brief and/or via message. Commandant (CG-1121) or the cognizant MLC (k) will contact the agency that will serve as the CG supporting medical unit in joint DoD operations, and the medical threat brief will be obtained to provide to CG deploying units. If not involved in joint operations, medical threat brief and recommended countermeasures will be provided by the cognizant MLC (k), Commandant (CG-1121) and Commandant (CG-1133) based on determined applicability to the deployment.
2. Deployment.
- a Disease Non-Battle Injury (DNBI) Reports. Weekly DNBI reports will be used to assess operational readiness at the unit level. The unit corpsman will review DNBI rates for trends. Weekly reports will be provided to Commandant (CG-1121). Blank DNBI reports are available for download on Commandant (CG-1121)'s Operational Medicine website <http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm> (Preventive Medicine section).
  - b Other Deployment Requirements. All other deployment surveillance requirements will be fulfilled in conjunction with the supporting medical unit as designated by Commandant (CG-1121).
3. Post-Deployment.
- a Responsibility. As with Pre Deployment, the Post Deployment Health Assessment (PDHA) is a Commanders Program and Commanding Officers/Officers-in-Charge are responsible for this program. Directed requirements contained in the PDHA program include:
    - (1) Completion of the four-page, DD Form 2796 Post-Deployment Questionnaire.

- (2) A face to face health assessment with a trained health care provider (HCP) as described in 3.c below.
  - (3) A blood sample from all redeploying personnel.
  - (4) A quality assurance program to ensure compliance.
- b Post Deployment Health Questionnaire. The 4 page DD 2796 must be completed not earlier than 7 days before returning, and not later than 30 days after return to home station. The DD 2796 is available on the [Commandant \(CG-1121\)](http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm) website (<http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm>) or the electronic deployment health library: <http://www.pdhealth.mil/main.asp>. The first three pages consist of a questionnaire to be filled out by the redeploying service member. The HCP will then complete page four during the face to face health assessment. The original completed DD 2796 will be placed in the redeploying member's permanent medical record. A copy will be forwarded to the Army Medical Surveillance Activity (AMSA) at this address: Army Medical Surveillance Activity (AMSA), Building T-20, Room 213, Attn: Deployment Surveillance, 6900 Georgia Avenue, NW, Washington, DC 20307-5001. If needed, AMSA telephone number is: 202-782-0471, AMSA Website is: <http://amsa.army.mil>.
- c Completion of Post Deployment Health Assessment. Face to face health assessments with personnel will be conducted by a trained HCP (Physician, Physician Assistant, Nurse Practitioner, or Independent Duty Health Services Technician). This assessment will include a discussion of : (1) The redeploying service member's responses to the health assessment questions on the DD form 2796, (2) Mental health or psychosocial issues commonly associated with deployments or experienced by the service member, (3) Special medications taken during the deployment, and (4) Any concerns the member may have about possible environmental or occupational exposures. Positive responses require use of supplemental assessment tools available at <http://www.pdhealth.mil/main.asp> and/or referral for medical consultation. Referrals based on the PDHA will be documented using the post deployment health clinical practice guideline (PDH-CPG). Medical personnel can familiarize themselves with the PDH-CPG found at: <http://www.pdhealth.mil/clinicians>.
- d Post Deployment Serum Sample. Redeploying members will have a blood sample draw for submission to the DoD serum repository within 30 days of return to home station or demobilization site. All blood samples will be submitted to VIROMED following the Coast Guards current HIV program procedure. Utilizing the VIROMED contract ensures that a serum sample is sent to the repository and that the member has a current HIV test. The date of the HIV test will be entered into MRS.
- e Compliance Program. Commanding Officers will implement a quality assurance program to ensure their compliance with guidelines as outlined in

this chapter. This requirement is primarily focused on completeness of execution and includes the ability to answer the following questions:

TASK	YES	NO
Did all those covered by the policy get screened?		
Is a copy of the completed DD form 2796 in the permanent medical record?		
Was a copy of the DD form 2796 sent to AMSA?		
Was a blood sample collected and sent through VIROMED for the serum repository?		
Were recommended referrals/consultations completed?		

At a minimum, report the following data to MLC (k):

The number of personnel requiring screening?	
The number of personnel screened? In this context, screened means completion of a DD form 2796 inclusive of a provider's signature	
Confirmation that a blood sample was sent to VIROMED	
Tracking of clinical follow-up for those indicated on the DD form 2796 is being accomplished.	

- f Reserve Component Members. Reserve component members affected by this program will complete PDHA. Reservists on active duty for 30 days or longer will be screened using the DD form 2796.
- (1) This policy does not change the medical evaluation requirement for affected reserve members being released from active duty. Both the [DD form 2796 \(Post-Deployment Health Assessment\)](#) and the [DD 2697 \(Report of Medical Assessment\)](#) must be completed and filed in the member's permanent medical record. A copy of the DD form 2796 must be forwarded to AMSA per paragraph b above.
  - (2) Physical examinations are required if being released from active duty, at member's request or as determined by the health care provider based on PDHA screening. Member may request a waiver of physical exam if a previous physical exam was completed within the previous 12 months.
  - (3) Members requiring a more detailed medical evaluation or treatment shall, with the member's consent, be retained on active duty until the member is determined fit for full duty, or until the resulting incapacitation cannot be materially improved by further hospitalization or treatment and the case has been processed and finalized through the physical disability evaluation system (PDES).
  - (4) Reserve members no longer on active duty who have deployment health concerns should initiate contact with their reserve activity or a Department of Veterans Affairs (VA) medical facility. Combat veterans are eligible for care two years post discharge in the VA health system for any illness, even if there is insufficient medical evidence to conclude that their illness is attributable to their military service.
- g Refusal of Post Deployment Screening. Personnel who refuse to complete the DD form 2796 and/or DD form 2697 (if applicable) or refuse the blood draw will have an SF 600 entry to that effect placed in their medical record. No further legal or medical action is required.

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## **CHAPTER 6 MEDICAL READINESS/DEPLOYMENT HEALTH**

### **Section C. Routine Deployment.**

#### **1. Pre Deployment.**

- a It is the Commanding Officers' responsibility to ensure all unit members are medically ready for deployment at any time. All individual medical readiness criteria should be met before deploying. See Section A.4.a-e above.
- b The unit IDHS, or other designated member, should contact MLC (k) or Commandant (CG-1121) regarding any medical threats and recommended countermeasures for the locations the unit will be traveling to or through.

#### **2. Deployment.**

Occupational exposures and/or illnesses as defined in the Disease Alert Reporting section of this manual that occur during deployment should be reported to MLC (k) or Commandant (CG-1121) as required. Any individual may request to complete a post deployment health assessment as described in Section B if they choose. Follow-up will be completed based on the results of the health assessment.

#### **3. Post Deployment.**

Daily logs for sick call should be tabulated to determine any trends of illness while deployed. This will facilitate identification and development of preventive measures that can be taken for future deployments.

#### **4. Helpful references.**

The following Websites have information that may helpful before, during and after a deployment:

Center for Health Promotion and Preventive Medicine:

<http://chppm-www.apgea.army.mil/>

Centers for Disease Control Travel Page:

<http://www.cdc.gov/travel/>

Headquarters Operational Medicine Division:

<http://www.uscg.mil/hq/g-w/g-wk/wkh/index.htm>

Headquarter Publications and Directives

<http://www.uscg.mil/hq/g-w/g-wk/wkh/pubs/index.htm>

Maintenance and Logistics Commands:

<http://www.uscg.mil/mlclant/KDiv/kseHomePage.htm>

<http://www.uscg.mil/mlcpac/mlcp/>